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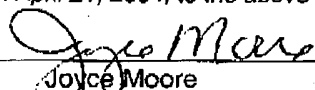
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Joyce Moore

**FROM: Jeffrey V. Bamber**

Fax No. (513) 627-6883

Phone No. (513) 672-4597

Listed below are the item(s) being submitted with  
this Certificate of Transmission:\*\*

- 1) Amendment - 9 Pages
- 2) Amendment Transmittal - 2 Copies
- 3)
- 4)
- 5)

Number of Pages Including this Page: 12

Inventor(s): Pieroni, et al.  
S.N.: 10/027,647  
Filed: December 21, 2001  
Case AA-511

Comments:

**\*\*Note:** Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

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Jason Moore

Name

Signature

Case No. AA-511

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT

Mail Stop Fee Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/027,647  
Applicant(s) : Lucio Pieroni, et al.  
Filed : December 21, 2001  
Title : A MOTORIZED HAND-HELD SCRUBBING AND DISPENSING DEVICE  
AND A METHOD OF USE THEREFOR  
TC/A.U. : 1744  
Examiner : Mark Spisich  
Conf. No. : 1490  
Docket No. : AA-511  
Customer No. : 27752

1. ☐ No additional fees (claims fees or extension fees) are known to be required.
2. ☒ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 20	MINUS	** 20	=	x \$18 =	\$0
INDEP.	* 6	MINUS	*** 3	= 3	x \$86 =	\$258
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$290 =	\$
					TOTAL	\$258.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☐ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. ☒ Any patent application processing fees under 37 CFR §1.16.
  - b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

Jeffrey V. Bamber  
Attorney for Applicants  
Registration No. 31,148  
Tel. No. (513) 627-4597

Date: April 21, 2004  
Customer No. 27752

I hereby certify that this correspondence is being transmitted facsimile to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on April 21, 2004.

Lower Mailing

Name

Signature

Case No. AA-511

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT

Mail Stop Fee Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

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Application No. 10/027,647  
Applicant(s) Lucio Piconi, et al.  
Filed December 21, 2001  
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TC/A.U. 1744  
Examiner Mark Spisich  
Conf. No. 1490  
Docket No. AA-511  
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	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 20	MINUS	** 20		x \$18 =	\$0
INDEP	* 6	MINUS	***		x \$86 =	\$258
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$290 =	\$
TOTAL						\$258.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the highest number of independent claims previously paid for is less than 5, write "3" in this space.  
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Date: April 21, 2004  
Customer No. 27752